

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">16/659169</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
						Applicant(s) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend						
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Total Indep												
Total Depend												
Total Claims												

Application Number
101659169

Filing Date

Applicant(s)	
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* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend	0					
Total Claims	1					

	* AFTER SECOND AMENDMENT		* AFTER SECOND AMENDMENT		* AFTER SECOND AMENDMENT	
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Total Indep						
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Total Claims						